

<i>SERFF Tracking Number:</i>	<i>ALST-127733385</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50076</i>
<i>Company Tracking Number:</i>	<i>GCIPWMELG1</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Group Critical Illness</i>		
<i>Project Name/Number:</i>	<i>GCIPWMELG1/</i>		

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Group Critical Illness	SERFF Tr Num: ALST-127733385	State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num: 50076
Sub-TOI: H07G.001 Critical Illness	Co Tr Num: GCIPWMELG1	State Status: Approved-Closed
Filing Type: Form	Authors: Angie Redden, Lynn Bautista, Patti Hicks, Sara Welch	Reviewer(s): Rosalind Minor
	Date Submitted: 10/20/2011	Disposition Date: 10/20/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: GCIPWMELG1	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This is a case-specific filing for Wal-Mart Stores, Inc., domiciled in Arkansas. These forms will not be filed in our domicile state of Florida.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 10/20/2011	
State Status Changed: 10/20/2011	Deemer Date:
Created By: Sara Welch	Submitted By: Sara Welch
Corresponding Filing Tracking Number:	
Filing Description:	

We submit forms GCIPWMELG1 and GCICWMELG1 for your review and approval. These forms are new and do not replace any forms currently approved by your department. They will be used with Group Voluntary Critical Illness Policy, GCIPWM et al, which was approved by your department on July 1, 2009 under filing number ALST-126167624. These forms are being submitted as a single case filing for Wal-Mart Stores, Inc. Policy Amendment GCIPWMELG1 and

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Filing Company: American Heritage Life Insurance Company State Tracking Number: 50076

Company Tracking Number: GCIPWMELG1

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Group Critical Illness

Project Name/Number: GCIPWMELG1/

Certificate Endorsement GCICWMELG1 will remove language from the Eligibility of Dependents provision that prevents employees of Walmart from being covered as both an employee and a dependent of another employee. This change was requested by the policyholder, Wal-Mart Stores, Inc.

Company and Contact

Filing Contact Information

Sara Welch , Ettain Group swelc@allstate.com
1776 American Heritage Life Drive 800-521-3535 [Phone] 2554 [Ext]
Jacksonville, FL 32224 904-992-2975 [FAX]

Filing Company Information

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida
ATTN: Legal/Compliance Group Code: 8 Company Type: Life and Health
1776 American Heritage Life Drive Group Name: Allstate State ID Number:
Jacksonville, FL 32224-9983 FEIN Number: 59-0781901
(904) 992-1776 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50.00 per form x 2 forms = \$100.00 total
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$100.00	10/20/2011	53003525

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	10/20/2011	10/20/2011

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Disposition

Disposition Date: 10/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes

SERFF Tracking Number: ALST-127733385 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50076

Company Tracking Number: GCIPWMELG1

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Group Critical Illness

Project Name/Number: GCIPWMELG1/

Form Schedule

Lead Form Number: GCIPWMELG1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 10/20/2011	GCIPWME LG1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment	Initial		50.000	GCIPWMELG 1.pdf
Approved-Closed 10/20/2011	GCICWME LG1	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Endorsement	Initial		50.600	GCICWMELG 1.pdf

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida

(the "Company")

Amendment No. [2] to Group Policy No. **WMART**
issued to

WALMART STORES, INC.

(the "Policyholder")

It is hereby agreed that, effective [November 1, 2011], the Group Policy is amended as follows:

The following paragraph is deleted from the Eligibility of Dependents provision in the GENERAL PROVISIONS section:

Dependents of an employee cannot be covered as both a dependent and as an employee with their own coverage. If a dependent is or becomes covered as an employee with their own coverage, we will terminate their coverage as a dependent and refund any premium that may have been paid for the dependent coverage for the period of time that they were covered as a dependent while having their own coverage.

This Amendment will be attached to and form a part of the Group Policy, and will not be held to alter or affect any of the terms of such Policy other than as specifically stated, but not unless both the Company and the Policyholder have executed this Amendment.

Signed on _____
(Date)

**AMERICAN HERITAGE
LIFE INSURANCE COMPANY**

Signed on _____
(Date)

WALMART STORES, INC.

by _____
(Signature of Officer) (Title)

by _____
(Authorized Representative) (Title)

AMERICAN HERITAGE LIFE INSURANCE COMPANY


Jacksonville, Florida
(the "Company")

ENDORSEMENT

This Endorsement is made a part of the Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this Endorsement. This certifies that, effective [November 1, 2011], the Group Policy has been amended requiring the following changes in your certificate:

The following is deleted from the Eligibility of Dependent provision of the GENERAL PROVISIONS section:

Your dependents cannot be covered as both a dependent and as an associate with their own coverage. If your dependent is or becomes covered as an associate with their own coverage, we will terminate their coverage as a dependent and refund any premium that may have been paid for the dependent coverage for the period of time that they were covered as a dependent while having their own coverage.

[]

Secretary

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/20/2011
Comments:		
Attachment:		
Readability Certification.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	10/20/2011
Comments:		
GCIAPPAR, AWD4528WM, and AWD4528WMESP were filed and approved on 7/1/2009 under SERFF filing number ALST-126167624.		

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6687

To the Policy Review Section, ARKANSAS Department of Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

<u>Form</u>	<u>Score</u>
GCIPWMELG1 with GCIPWM and R1CIPWM	50.0
GCICWMELG1 with GCICWM with R1CICWM	50.6

Date: October 18, 2011



Diane D. Ierna
Assistant Vice President, Compliance Department